

AMENDMENT TRANSMITTAL LETTER

Docket No.
M4065.0467/P467

Application No.
09/893,619-Conf. #4918

Filing Date
June 29, 2001

Examiner
C. Fox

Art Unit
3652

Applicant(s): Amy R. Griffin

Invention: LIFT AND ALIGN TABLE

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	36	- 46 =		x	
Independent Claims	6	- 6 =		x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					

☒ Large Entity

☐ Small Entity

☐ No additional fee is required for this amendment.

☐ Please charge Deposit Account No. _____ in the amount of \$ _____.
A duplicate copy of this sheet is enclosed.

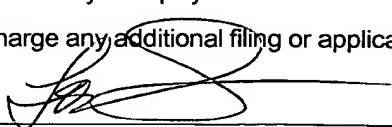
☐ A check in the amount of \$ _____ to cover the filing fee is enclosed.

☒ Payment by credit card. Form PTO-2038 is attached.

☒ The Director is hereby authorized to charge and credit Deposit Account No. 04-1073
as described below. A duplicate copy of this sheet is enclosed.

☒ Credit any overpayment.

☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.


Thomas J. D'Amico
Attorney Reg. No.: 28,371

Dated: July 14, 2003

DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP
2101 L Street NW
Washington, DC 20037-1526
(202) 828-2232

RECEIVED
JUL 18 2003
GROUP 3600



FEE TRANSMITTAL for FY 2003 <small>Effective 01/01/2003, Patent fees are subject to annual revision.</small>		Complete if Known		
		Application Number	09/893,619-Conf. #4918	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	June 29, 2001	
		First Named Inventor	Amy R. Griffin	
		Examiner Name	C. Fox	
		Art Unit	3652	
TOTAL AMOUNT OF PAYMENT (\$)		860.00	Attorney Docket No.	M4065.0467/P467
METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)		
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 04-1073 Deposit Account Name: Dickstein Shapiro Morin & Oshinsky LLP The Director is hereby authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input checked="" type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		3. ADDITIONAL FEES		
FEE CALCULATION		Large Entity Small Entity		
1. BASIC FILING FEE		Fee Code Fee (\$) Fee Code Fee (\$) Fee Description Fee Paid		
Large Entity Small Entity		1051 130 2051 65 Surcharge - late filing fee or oath		
Code (\$) Code (\$) Fee Description Fee Paid		1052 50 2052 25 Surcharge - late provisional filing fee or cover sheet.		
1001 750 2001 375 Utility filing fee		1053 130 1053 130 Non-English specification		
1002 330 2002 165 Design filing fee		1812 2,520 1812 2,520 For filing a request for ex parte reexamination		
1003 520 2003 260 Plant filing fee		1804 920* 1804 920* Requesting publication of SIR prior to Examiner action		
1004 750 2004 375 Reissue filing fee		1805 1,840* 1805 1,840* Requesting publication of SIR after Examiner action		
1005 160 2005 80 Provisional filing fee		1251 110 2251 55 Extension for reply within first month 110.00		
SUBTOTAL (1) (\$) 0.00		1252 410 2252 205 Extension for reply within second month		
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE		1253 930 2253 465 Extension for reply within third month		
Total Claims -- = Extra Claims Fee from below Fee Paid		1254 1,450 2254 725 Extension for reply within fourth month		
Independent Claims -- =		1255 1,970 2255 985 Extension for reply within fifth month		
Multiple Dependent -- =		1401 320 2401 160 Notice of Appeal		
Large Entity Small Entity		1402 320 2402 160 Filing a brief in support of an appeal		
Fee Code (\$) Fee Code (\$) Fee Description		1403 280 2403 140 Request for oral hearing		
1202 18 2202 9 Claims in excess of 20		1451 1,510 1451 1,510 Petition to institute a public use proceeding		
1201 84 2201 42 Independent claims in excess of 3		1452 110 2452 55 Petition to revive - unavailed		
1203 280 2203 140 Multiple dependent claim, if not paid		1453 1,300 2453 650 Petition to revive - unintentional		
1204 84 2204 42 ** Reissue independent claims over original patent		1501 1,300 2501 650 Utility issue fee (or reissue)		
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent		1502 470 2502 235 Design issue fee		
SUBTOTAL (2) (\$) 0.00		1503 630 2503 315 Plant issue fee		
**or number previously paid, if greater; For Reissues, see above		1460 130 1460 130 Petitions to the Commissioner		
SUBMITTED BY		Complete (if applicable)		
Name (Print/Type) Thomas J. D'Amico		Registration No. 28,371		
Signature		Telephone (202) 828-2232		
		Date July 14, 2003		

RECEIVED
JUL 18 2003
GROUP 3600